



2019-2024 SOUTH DAKOTA RAPE PREVENTION EDUCATION PROGRAM EVALUATION PLAN

For more information contact:

Taylor Pfeifle, RN, RPE Director
South Dakota Department of Health
Office of Child and Family Services
605.367.4510

Taylor.Pfeifle@state.sd.us

Table of Contents

SECTION I: PROGRAM DESCRIPTION AND LOGIC MODEL	2
PROGRAM DESCRIPTION	2
<i>Contextual Factors</i>	3
LOGIC MODEL.....	6
SECTION II: EVALUATION PURPOSE	7
EVALUATION OBJECTIVES	7
<i>Goal</i>	7
<i>Scope</i>	7
<i>Focus</i>	7
<i>Use</i>	7
EVALUATION QUESTIONS	8
SECTION III: EVALUATION DESIGN	8
INDICATORS.....	8
i. <i>Outcomes (Tables 1-3)</i>	11
ii. <i>Implementation (Table 4)</i>	17
iii. <i>Contextual Factors (Table 5)</i>	18
iv. <i>Alignment (Tables 6-7)</i>	19
DATA MANAGEMENT PLAN	21
<i>Description of Data Generated in the Evaluation of the SD RPE Program</i>	21
<i>Access to Data</i>	21
<i>Archiving Data for Public Use and Timeframe</i>	21
CONTINUOUS QUALITY IMPROVEMENT	21
SECTION VI: EVALUATION TEAM AND TIMELINE	22
EVALUATION (TABLE 8)	22
TIMELINE (TABLE 9)	23
REFERENCES	25

Section I: Program Description and Logic Model

Program Description

The South Dakota (SD) Rape Prevention Education (RPE) program coordinates statewide activities and facilitates partnerships to fulfill program priorities. Funded program activities are designed to increase awareness of sexual violence, improve knowledge and promote social norms that protect against sexual violence, and decrease violence supporting attitudes and behaviors at all levels of the social-ecological model. The prevention strategies utilized in the SD RPE Program include emphasis on primary prevention and evidence-based strategies.

The target populations of sexual violence prevention programs and strategies in SD have historically been young children, teens, and young adults. These populations have been and will continue to be a primary focus since over 46% of the victims of sexual violence in SD are under the age of 18 (Ethel Austin Martin Program, 2019). Another population of interest selected by the SD RPE is Native Americans. This population was identified as a target population given that SD shares its borders with nine sovereign tribes coupled with the fact that Native Americans represent 9% of the state's population and experience disproportionately higher rates of sexual violence (Futures Without Violence, 2017; U.S. Census Bureau, 2018).

The overall long-term goal of the program is to decrease rates of sexual violence victimization and perpetration in SD. This is accomplished through three main program initiatives: 1) public/private partnerships to facilitate implementation of sexual violence prevention initiatives; 2) implementation of evidence-based sexual violence prevention programs across multiple levels of the social-ecological model, focused on improving social norms contributing to sexual violence, teaching skills to prevent sexual violence, and creating protective environments; and 3) monitoring of sexual violence data indicators to select priorities and focus program efforts. These areas interact to achieve individual, relationship, and community-level changes. The SD RPE logic model depicts the relationship between these activities and outcomes as well as the basis for determining the extent to which program activities were implemented as intended, programmatic effects, and quality improvement efforts (see page 6).

Subrecipients implement the three prevention initiatives (developing partnerships, delivering evidence-based and evidence-informed programs, and using data to select priorities and target efforts). Partnerships are critical to the success of the program's efforts. The subrecipients focus on engaging new and existing partners in key areas of the state based on surveillance data. These partners are engaged to offer or facilitate the delivery of evidence-based programming as well as to work on policy efforts at the organizational or tribal level. The SD RPE aims to enhance current partnerships through a memorandum of understanding, contracts, and consultations. Currently, the SD RPE program has formal partnerships with one subrecipient contract and two interagency agreements. The Network (subrecipient) will implement two selected prevention strategies: Green Dot and Shifting Boundaries. They will also aid in SD RPE program management.

One of the short-term goals of the SD RPE is to increase the number of community-level partners. The Sexual Violence Prevention Planning Committee will lead the development, sustainment, and mobilization of partnerships. Assembled in 2006, this group meets twice annually to discuss, examine, and evaluate sexual violence prevention efforts occurring across SD. This committee serves as a community of practice and is comprised of both SD RPE funded and non-funded multi-disciplinary members and stakeholders who have a collective interest in ending sexual violence across all sectors. The Sexual Violence Prevention Planning Committee has been successful in sustaining both formal and informal partnerships. Formal partnerships have been created through subrecipient contracts and interagency agreements with other state institutions. Informal partnerships continue to be developed through stakeholders, such as law enforcement, education, legal services, direct service providers, victims and advocates, and healthcare. Through SD RPE's collaboration with the Sexual Violence Prevention Planning Committee, it is anticipated that additional stakeholders will be identified. This will allow new and existing partnerships to grow through the sharing of program results, including lessons learned, challenges, successes, evaluation findings, and tools developed. This will hopefully improve the capacity from partnerships to access and use data and leverage support for sexual violence prevention programs. Additionally, the SD RPE program will continue to work with CDC-funded technical assistance providers, such

as the National Sexual Violence Resource Center (NSVRC) as well as the California Coalition Against Sexual Assault (CCASA), on ways to identify gaps in partnerships and how to use data for ongoing continuous quality improvement.

Statewide partners will offer, or facilitate the delivery of, prevention strategies. As previously noted, the two primary prevention strategies implemented by the SD RPE are Green Dot and Shifting Boundaries. The goal of the Green Dot program is to increase active bystander behaviors of college students to reduce dating and sexual violence on college campuses. This strategy has been in place with the SD RPE program since 2016 and is anticipated to produce relationship-level change through the promotion of social norms that protect against violence (i.e., increase knowledge of consent, reduce peer victimization and related forms of violence, improve attitudes toward sexual violence). Shifting Boundaries is a two-part intervention (classroom-based curriculum and program-wide component) designed to reduce dating violence and sexual harassment among middle school youth by highlighting the consequences of this behavior for perpetrators and increasing staff surveillance of unsafe areas. The program works toward community-level change through capacity building and improving perceptions of community support and safety as well as access to resources. Like Green Dot, this strategy also addresses individual and relational risk and protective factors, such as knowledge of consent, peer victimization and related forms of violence, and attitudes toward sexual violence through creating protective environments. A Sexual Violence Data Surveillance and Evaluation Committee will review sexual violence indicator and surveillance data (statewide and at a county and organizational level) to drive decision making regarding target locations and populations, program delivery and adaptations, and potential partners on an annual basis.

Expected short-term effects as a result of broad implementation of these programs include: 1) increased awareness and recognition of sexual violence and 2) improved social norms related to sexual violence, including increased knowledge of consent and improved attitudes towards sexual violence, such as lower rape myth acceptance and increased prevention responsibility and empathy for victims. Expected intermediate outcomes address risk and protective factors, including improved perceptions of community support, access to resources and community safety, increases in upstander efficacy and behavioral intent to prevent sexual violence, and reductions in peer victimization and other related forms of violence. A Tribal Advisory Group, which is in the early phases of development, will provide ongoing input on program efforts in Native American communities statewide, including engaging tribal partners and assisting with the cultural-tailoring and alignment of program content and activities for Native participants and SD tribal communities as well as guidance on cultural adaptations to evaluation tools and methods.

Process evaluation will be used to ascertain the degree to which subrecipients establish partnerships to deliver evidence-based programming and document program implementation (reach, dosage, adaptations, and other process measures) as well as assess how surveillance data is used to drive program decision-making and continuous quality improvement efforts. Outcome evaluation will be used to assess whether intended outcomes are achieved, including reductions in the identified risk factors and increases in the selected protective factors, as well as monitoring the long-term outcomes of decreased rates of sexual violence victimization and perpetration.

Public health frameworks for prevention hold promise for violence reduction because they have proven their ability to address and eliminate negative conditions that foster health problems (Prothrow-Stith & Davis, 2010). A review of empirical research on sexual violence perpetration risk and protective factors highlights the importance of comprehensive prevention programming that targets multiple risk and protective factors that occur across the social ecology (Tharp et al., 2013). The strategies outlined in the logic model include action at each of the four, interrelated spheres (individual, relationship, community, and societal). By incorporating a comprehensive sexual violence prevention approach, we expect these strategies to achieve a state-wide reach. Furthermore, the implementation of evidence-based and evidence-informed sexual violence prevention programming with proven effectiveness in reducing the risk factors and increasing the protective factors specified in the logic model is expected to successfully impact the intended short-term, intermediate, and long-term outcomes (e.g., Coker et al., 2015; Schober, Fawcett, & Bernier, 2012; Taylor, Mumford, & Stein, 2015).

Contextual Factors

SD is comprised of 66 counties, and only nine of these counties have more than 20,000 residents. The remaining counties are classified as either rural (23 counties) or frontier (34 counties). Just over a quarter (26%) of the state's population lives in a frontier county (South Dakota Department of Health, 2016), which are the most remote and

sparsely populated places along the rural-urban continuum. Residents living in frontier areas are often far from healthcare, schools, grocery stores, and other necessities (Rural Health Information Hub, 2018).

Being a rural/frontier state, SD faces a unique set of obstacles that create disparities in health care not found in urban areas (National Rural Health Association, 2019). Like other rural areas, there is a major disparity in SD associated with per capita distribution of physicians to deliver primary care. There are 86 primary care shortage area designations of various types (geographic areas, population groups, and facilities) across SD (South Dakota Department of Health, 2016). Of those, the areas with the greatest shortage are located on tribal lands or are Indian Health Service (IHS) facilities (South Dakota Department of Health, 2016).

Travel in SD can also be challenging given its large geographic area and extreme weather. SD is the 16th largest state in terms of land area within the U.S., with more than 75,000 square miles in its territory (U.S. Census Bureau, 2010). The state is located in the upper Midwest, in the heart of the North American Continent. Characteristic of continental climates, the state experiences both the extremes of summer heat and freezing temperatures in winter months and is also along the path of many cyclones and anticyclones. Rapid fluctuations in temperature and heavy snowfall in winter are common. Wind usually accompanies the snow, causing severe drifting and dangerous road conditions. During the spring, the rapid melting of snow and heavy rainfalls can lead to severe flooding on tributary streams, especially in the eastern part of the state (National Climatic Data Center, n.d.), which can also impede travel. Severe weather often causes school delays and closings, especially in the more isolated regions of the state. As a result, it is expected that inclement weather will impact program dosage, with shorter or fewer program sessions being delivered in the fall semesters, particularly at schools in rural and frontier areas.

As previously mentioned, SD shares its geographic borders with nine sovereign tribal nations, and Native Americans make up 9% of the state's population, the third highest percentage of any state in the U.S. (U.S. Census Bureau, 2018). For this reason and because of the high rates of sexual violence and economic disparities experienced by this population, Native Americans are one of the primary target populations of the SD RPE. Native women are more than 2.5 times more likely to experience sexual assault than women in the U.S. overall (Amnesty International, 2007). More than half (56.1%) of Native women experience sexual violence in their lifetime, and 4 out of 5 (84.3%) experience violence (Rosay, 2016). Native Americans in SD are especially vulnerable to sexual violence given that SD has the second highest rate of forcible rapes (70.2) in the nation (Sutter, 2014). Moreover, women living in poverty are at greater risk for sexual violence (Loya, 2014), and not only are Native women the lowest paid demographic in the country (Pariona, 2019), but reservation counties in SD are among those with the highest poverty rates in the nation (Lee, 2015).

Contributing to higher rates of sexual violence among Natives is the fact that, until recently, tribes were unable to prosecute non-Natives, who reportedly commit the vast majority (96%) of sexual violence against Native women (Indian Law Resource Center, 2019). Additionally, victims and law enforcement are faced with the challenge of navigating a confusing maze of jurisdictional rules that impede and exhaust the resources of tribal law enforcement agencies, which are often underfunded and understaffed (Painter-Thorne, 2011), particularly in SD. For example, due to budget cuts and difficulties recruiting and retaining officers, the Cheyenne River Reservation currently employs only ten law enforcement officers, which means, at times, only two or three officers are on patrol and responding to calls in an area that's roughly the size of Connecticut (4,300 square miles), and despite a relatively small population (18,000 residents), "receives an enormous number of calls" (Pfankuch, 2019). Further complicating the matter is that, under federal law, tribal governments lack jurisdiction over most major crimes that occur on reservation lands, including rape, and the FBI has been failing to pursue criminal investigations of sexual assault cases at alarming rates (Painter-Thorne, 2011). By their own account, "between 2005 and 2009, U.S. attorneys declined to prosecute 67% of the tribal cases referred to them involving sexual abuse and related matters" (Indian Law Resource Center, 2019). Criminal investigations of reported sexual assaults are often delayed, if pursued at all, and perpetrators routinely escape prosecution, permitting an escalation of sexual predation and violence in Indian Country (Painter-Thorne, 2011). While sexual assaults often go unreported in all areas of the country as victims often face stigma and feel discouraged by the lack of law enforcement response and protection, this problem is especially pronounced on SD's reservations, where sexual assault rates are especially high and resources are severely limited (Rick, 2010). In addition to legal barriers that may deter or hinder the ability of Native victims of sexual violence from obtaining justice, there are also other barriers attributed to the extreme isolation of tribal lands in SD, which precludes some victims from obtaining adequate medical care, such as the often

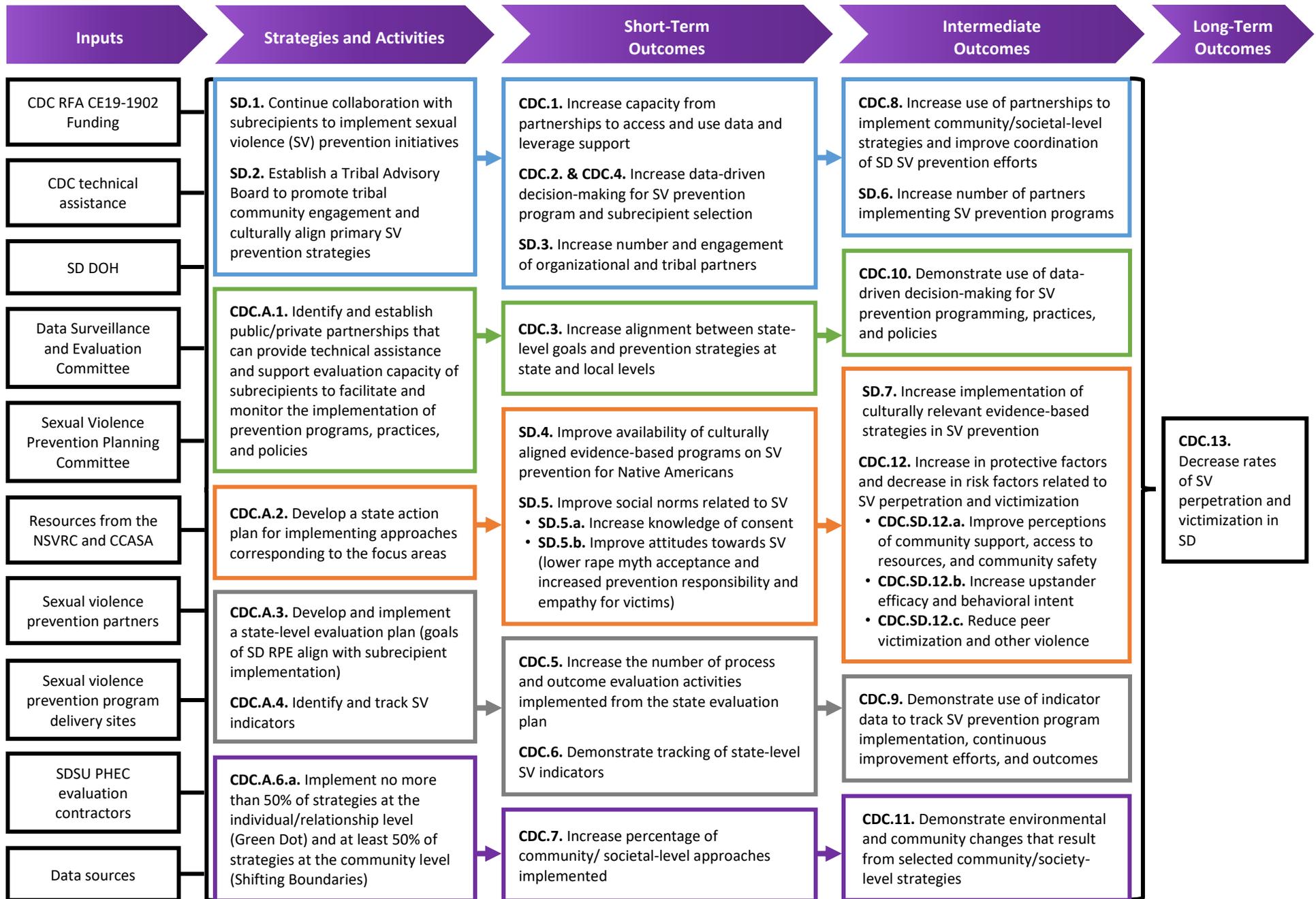
limited availability of rape kits being performed by trained medical staff to aid prosecution (Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008).

Given this context, sexual violence prevention on SD's reservations can be an overwhelming and daunting task. In discussions with various tribal members and organizations throughout the state who are interested in engaging in sexual violence prevention efforts, they frequently express concerns about gaining community buy-in and the feasibility of implementation. While the pressing need for sexual violence programming and services on our state's reservations is recognized, tribal resources are limited and overburdened. As such, SD tribes are often faced with the difficult decision of whether to direct resources toward fulfilling more immediate needs, such as food and clothing, or combatting the myriad of other issues facing our reservations, such as suicide, substance abuse, intimate partner violence, sex trafficking, and sexual violence. Organizations that are providing services to victims of sexual assaults are often understaffed and overworked, unable to meet the current demands for their services. As such, sexual violence prevention can be viewed as less urgent than addressing the treatment and service needs of victims. This poses a challenge to implementing SD RPE programs and strategies and, if implementing, staff finding time to complete evaluation tracking tools.

It should also be noted that, as sovereign nations, each tribe operates as a separate government, with its own laws and regulations as well as its own land base, culture, language, spirituality, and history (South Dakota Department of Tribal Relations, n.d.). Given the unique culture and community context of each tribe, the suitability of sexual violence prevention curricula and programming logistics will need to be determined prior to implementation, which may result in the need for additional time and resources to devise adaptations to both the curriculum and the evaluation tools and methods. As our Tribal Advisory Group is still in development, implementation may be further delayed until suitable members are identified and convened. Tribal Advisory Group members may also change over the course of this grant due to changes in tribal leadership, which could result in a shift in tribal priorities. Most tribes have elections every two years, and this can lead to frequent turnovers in leadership and changes in political agendas (Grogan, Morse, & Youpee-Roll, 2011), prompting changes in organizational and program staff. Such changes can stall project momentum, as relationships are forged with potential collaborators or new hires (e.g., Swaner, 2015). Building and sustaining government-to-government state and tribal relations is critical to promoting sexual violence prevention efforts and policy development and requires time and care. Therefore, additional time may also be required to secure tribal approval for SD RPE prevention programming (including adaptations), policies, and practices.



South Dakota Rape Prevention Education Program Logic Model



NOTE. Numbering of outcomes reflects numbering used in CDC RPE CE19-1902 Program Logic Model Guidance document. SD signifies South Dakota specific strategies and outcomes.

Section II: Evaluation Purpose

Evaluation Objectives

Goal

The goals of the SD RPE evaluation are to expand existing evaluation capacity and increase monitoring of program, organizational, county, tribal, and state-level indicators of sexual violence. The evaluation plan has been designed to track training, implementation, collaboration, and policy efforts and provide ongoing feedback to stakeholders to assure that the activities outlined in the work plan yield the intended short and intermediate-term outcomes identified in the SD RPE Program's logic model in the five-year funding period.

Scope

All surveillance, program monitoring, and reporting will be facilitated by the SD RPE program director and an external evaluation contractor, the SDSU Population Health Evaluation Center (PHEC). The PHEC will be responsible for program evaluation oversight, training, data monitoring, and providing on-site technical assistance to key partners. They will also collect and analyze sexual violence prevention program and community-level data to inform evaluation efforts and provide data summaries to facilitate activity selection and educate stakeholders.

Focus

The evaluation questions were primarily determined by the SD RPE Program logic model using key stakeholder input. All program evaluation efforts are grounded in utilization-focused evaluation, comprised of both process and outcome evaluation, with a focus on partnership contributions and collaborations, statewide action plan implementation and outcomes, and program supported evidence-based intervention implementation and outcomes. Each area will be selected as the focus of an in-depth evaluation in one year of the five-year grant periods, as outlined in Table 9. On an annual basis, evaluation staff will track activities that contribute to the intended short-term and mid-term outcomes. The Sexual Violence Data Surveillance and Evaluation Committee will monitor performance and surveillance indicators and disseminate findings to stakeholders.

Process evaluation will be used to describe how data is used to target populations and approaches, examine how strategies targeting community-level changes are applied, and identify facilitators and barriers to project implementation, allowing for rapid adjustments to support program success. Outcome evaluation will center on performance measures outlined in the funding opportunity and work plan, as well as the indicators selected.

Overarching evaluation questions are designed to address important aspects of implementation and program outcomes. Additional questions will be added throughout the five-year period to address stakeholder interests and contextual factors as feasible.

Use

Key partners have been and will continue to engage in evaluation planning, including further development of the evaluation questions and processes, providing direction and input throughout the evaluation process, and applying the evaluation findings to enhance implementation efforts. Crucial stakeholders targeted for input into evaluative processes include the sexual violence Prevention Planning Committee, the Tribal Advisory Board, SD DOH leadership, and SD RPE program subrecipients. Additional stakeholders will be identified as needs arise.

A full written report featuring evaluation outcomes will be disseminated to stakeholders and CDC annually after the conclusion of each budget period. Mid-term reports will be produced as needed around topical areas identified by program staff, such as partner satisfaction with collaboration, reach of SD RPE-funded sexual violence prevention programs, or sexual violence prevention program-specific outcomes. Any program generated data suitable for use beyond program evaluation will be made accessible through a data repository, with processes outlined in the data management plan of the detailed evaluation plan within the first six months of funding.

Evaluation Questions

The evaluation questions are designed to the extent to which the SD RPE Program has successfully carried out key strategies known to decrease rates of sexual violence, including development and coordination of partnerships, use of data to target populations, and improving risk and protective factors through quality implementation of evidence-based programs. Specifically, the evaluation will address the following high-level questions:

1. To what extent has the state built or enhanced partnerships for sexual violence prevention?
2. To what extent has the recipient used data to select and prioritize the subrecipients, the prevention strategies and approaches, and the population of focus?
3. To what extent have targeted risk and protective factors for sexual violence outcomes changed at the state level?
4. To what extent have selected prevention strategies been implemented in the state?
5. Which factors are critical for implementing selected prevention strategies and approaches?
6. To what extent are subrecipient activities aligned with state-level goals and outcomes stated in the State Logic Model, State Action Plan, and State Work Plan?

Section III: Evaluation Design

Indicators

Indicators were selected by following the outcome indicator selection guidance recommended by the CDC (Centers for Disease Control and Prevention, April, 2019). The outcome indicators were chosen to align with the SD RPE logic model, State Action Plan (SAP), and evaluation goals and objectives as well as the sexual violence outcomes, risk and protective factors, contextual conditions, and proxy measures of interest to the SD RPE. Empirical and theoretical evidence to link sexual violence prevention efforts to the desired outcomes of interest were also taken into consideration throughout the indicator selection process.

The Sexual Violence Data Surveillance and Evaluation Committee was formed to identify and select indicators that align with the outcomes described in the SD RPE logic model. To select indicators, the committee reviewed the indicators listed in the CDC's sexual violence indicators database and discussed additional data sources important to partners and stakeholders, as well as how these align with the outcomes of interest, additional indicators of interest, potential data sources or limitations, and the feasibility of collecting this data. Through an iterative review process, a consensus was reached among the committee regarding the appropriate indicators and data sources.

To identify annually updated, publicly available state-level sexual violence data, the Sexual Violence Data Surveillance and Evaluation Committee reviewed data provided by the FBI Uniform Crime Reporting Program, Clery Crime Data, Youth Risk Behavior Survey (YRBS), SD Board of Regents, Campus Climate Survey, Adult Protective Services, Child Protective Services, and Victim Services to ensure access to data for adults, Native Americans, tribes, college campuses, youth, and children. The committee also investigated the availability of risk and protective factor data (see table 3 for a complete list of risk and protective factors). While the YRBS does include state-level data regarding peer victimization and school safety, limited or no data sources were found for outcomes of interest related to sexual violence attitudes (i.e., rape myths acceptance and empathy for sexual violence victims), knowledge of consent, upstander efficacy, and behavioral intent. Therefore, a Common Measures Tool was developed to collect this data, which will be administered to all SD RPE program participants (i.e., Green Dot and Shifting Boundaries) at the end of the program session or training using retrospective measures.

Outreach tracking, implementation tracking, and attendance forms were developed to document program reach, dosage, and fidelity. Effectiveness of recruitment efforts, receptiveness to and effects of cultural adaptations, implementation challenges and recommendations, program and policy impacts (relational and community/societal level), and support needed to carry out SD RPE strategies will be monitored using the implementation tracking form and quarterly/annual technical assistance calls (frequency of participation depends on role).

All indicator data collected via the Common Measures Tool, outreach tracking form, implementation tracking form, attendance form, and technical assistance calls, as well as state-level indicator data, will be aggregated and recorded via an indicator tracking form. The use of indicator tracking to drive decision making and continuous quality improvement efforts are described in the Continuous Quality Improvement section (p. 20).

New Data Sources

The Sexual Violence Data Surveillance and Evaluation Committee will conduct an annual scan for new data sources that can be added to the SD RPE indicator tracking form. This exploration of new indicator sources will also aid in determining data gaps and limitations for the purpose of identifying and acquiring access to new or potential data sources through collaborations with partners and local/state/tribal agencies. Prior to the transfer of nonpublic data that is subject to restrictions on its use, both parties (the recipient and the agency providing data) will sign a Data Use Agreement (DUA), outlining the permitted transfer, uses, and restrictions of the requested information. Examples of prospective data sources include:

- **SD DPS Crime Data:** While the SD Department of Public Safety (DPS) collects state-wide crime data, this data is not yet publicly available. The SD Department of Health (SD DOH) works closely with this department and will have access to this data when it becomes available. With the assistance of the SD DPS, our hope is to make this data more accessible to the public through an interactive data dashboard, which will be available on the SD DOH website.
- **Intimate Partner Violence Data:** Currently, the availability of intimate partner violence and sexual violence data in SD is limited, particularly on tribal lands. The REACH Team, Child Advocacy Centers, and the Network provide services or work with agencies that provide services to survivors of intimate partner violence, sexual assaults, stalking, and child abuse. Due to grant requirements, these organizations track and report on the number of clients served, including demographic characteristics, household income (if available), and the location of victims and perpetrators. We are currently looking into whether we can obtain access to these reports to help fill this gap.
- **SD MCH Needs Assessment Data:** As one of the requirements of SD's MCH Services Block Grant, the SD DOH's Office of Child and Family Services (OCFS) is conducting a statewide, comprehensive needs assessment, which will be used by the SD DOH to identify priority areas and align these priorities with key strategies, objectives, and relevant performance measures in the 2016-2020 MCH state action plan. As a result of this needs assessment, new sexual violence risk and protective factor indicator data may become available. The evaluation team is sub-contracted to conduct focus groups for this needs assessment and will, therefore, have access to the summary reports.

Indicator Data Challenges and Limitations

Sexual violence data for Native populations both nationally and at the state level is limited. In addition to the gaps in data attributed to underreporting, the U.S. Justice Department does not adequately collect or use crime statistics from Native American tribes. Although the 2010 Tribal Law and Order Act requires the Justice Department's Bureau of Justice Statistics to collect crime data, to date, its data collection and reporting efforts are "still in development," and participating in the FBI's uniform crime data report is voluntary (Lynch, 2017). Therefore, some tribes do not submit information, a problem that has left the department with outdated and incomplete crime data, rendering it "virtually useless" (Lynch, 2017).

While some tribes and tribal organizations have begun collecting and compiling their own data on sexual violence and other crimes committed on tribal lands, accessing this data is not a simple matter. Many tribes mistrust outside institutions due to a legacy of forced assimilation, abuse, exploitation, and alienation perpetrated by government agencies, education institutions, health systems, anthropologists, and researchers (James, McGlone West, & Madrid, 2013). Furthermore, as sovereign nations, tribes have the right to "govern the collection, ownership, and applications of [their] own data" (U.S. Indigenous Data Sovereignty Network, 2019). As such, permission must be granted from tribes prior to the use and application of their data, which requires considerable time to build relationships and establish trust. Therefore, although some tribes and tribal organizations in SD may collect or archive this data, such as the SD Coalition

Ending Domestic & Sexual Violence (SDCEDSV, 2019) and Great Plains Tribal Epidemiology Center (GPTEC, 2019), it is unlikely that permission will be granted to use this data, at least for a few years. It is nonetheless important that new partnerships are forged to ensure that SD sexual violence data accurately reflects our tribal populations in this state.

i. Outcomes (Tables 1-3)

Table 1: Partnerships					
Evaluation Question 1: To what extent has the state built or enhanced partnerships for SV prevention?					
<i>Use of partnerships to implement community/societal-level strategies and improve coordination of state SV prevention efforts: Actions that engage new partners or develop existing partnerships for the purpose of building and/or supporting SV prevention work in the state including, but not limited to, RPE-funded strategies described in the State Action Plan</i>					
Work Plan Goal 1: Increase the use of partnerships to implement relationship/community-level strategies and improve coordination of state SV prevention efforts					
Outcome Examined	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increase capacity from partnerships to access and use data and leverage support	State Action Plan APR	Program records (meeting notes and rosters, training agendas and rosters, data use/sharing agreements)		<ul style="list-style-type: none"> • # of public/private/tribal partnerships established/maintained • # and types of state action plan activities partners support (e.g., implementation, evaluation) • # and type of data use/sharing agreements with partners 	Partnerships are funded partners implementing the programs as well as additional members of the SV Planning and Prevention Committee
Increase number of organizational and tribal partners	State Action Plan APR	Program records (meeting notes and rosters, training agendas and rosters, data use/sharing agreements)		# of partnerships with public/private/tribal organizations established/maintained	Partnerships are funded partners implementing the programs as well as additional members of the SV Planning and Prevention Committee
Increase engagement with organizational and tribal partners		<ul style="list-style-type: none"> • Program records (meeting and training rosters) • Notes from TA calls • Partner Satisfaction Survey 	<ul style="list-style-type: none"> • Recommendations from partners to increase engagement • Priorities of SD tribes reflected in state action plan activities 	<ul style="list-style-type: none"> • #, % of partners engaged in SD RPE activities and/or decision-making • #, % of partners satisfied with SD RPE leadership and activities 	

<p>Increase mobilization of partnerships to implement community/societal-level strategies</p>	<ul style="list-style-type: none"> • State Action Plan APR • Work Plan APR 	<ul style="list-style-type: none"> • Program records (meeting notes, training agendas) • Notes from TA calls 	<ul style="list-style-type: none"> • Perspectives of partners on facilitators, barriers, and support needed to implementing community/societal-level strategies • Facilitators and barriers to implementation of community/societal strategies 	<ul style="list-style-type: none"> • # and types of activities in the state action plan implemented • # of common state, tribal, and local level outcomes 	<p>Alignment of prevention efforts/strategies with needs of SD tribes</p>
<p>Increase community/institutional commitment to address SV</p>		<p>SD RPE program records (meeting notes, agendas)</p>		<ul style="list-style-type: none"> • # & location of organizations adopting or adapting SV policies • # & location of organizations participating in training for SV prevention 	

Table 2: Data Use

Evaluation Question 2: To what extent has the recipient used data to select and prioritize the subrecipients, the prevention strategies and approaches, and the population of focus?

***Data-driven:** Actions taken to systematically review information from one or more data sources and apply data findings to making decisions, adjustments or changes to some aspect of recipients' SV prevention work*

Work Plan Goal 2: Increase use of data-driven decision making for program delivery

Work Plan Goal 3: Increase use of indicator data to track implementation and outcomes

Outcome Examined	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increase data-driven decision-making for SV program selection	<ul style="list-style-type: none"> State Action Plan APR Work Plan APR 	Program records (meeting notes, agendas)	<ul style="list-style-type: none"> Documented use of data for program selection Documented use of data and Tribal Advisory Group consultation to determine cultural suitability of program curriculum and recommended adaptations 		<ul style="list-style-type: none"> Location and target population Cultural alignment of program content for Native American participants/communities (to be reviewed and determined by the Tribal Advisory Board prior to implementation)
Demonstrate the selection of subrecipients based on data-driven decision-making	State Action Plan APR	Program records (meeting notes, selection criteria, and scoring rubric)	Documented alignment between selected prevention strategies and subrecipient capacities and populations served		Non-competitive subrecipient selection process to allow us to strengthen relationships with sub-grantees and partners
Demonstrate use of data-driven decision-making for SV prevention programming, practices, and policies		Program records (meeting notes, agendas)	Documented use of data and expertise of Tribal Advisory Group for program delivery and policy decisions	<ul style="list-style-type: none"> # and type of data use/sharing agreements with partners 	Program delivery includes program locations, target populations, recruitment strategies, criteria for selecting facilitators, and implementation strategies
Increase the number of process and outcome	<ul style="list-style-type: none"> Evaluation Plan 	<ul style="list-style-type: none"> Annual Evaluation Report 		<ul style="list-style-type: none"> # of implemented evaluation activities and action items 	

evaluation activities implemented from the SD evaluation plan					
Increase alignment between state-level goals and prevention strategies at state and local levels	<ul style="list-style-type: none"> • State Action Plan APR • Work Plan APR 			<ul style="list-style-type: none"> • #, % of funded prevention programs, policies, and practices that align directly with state-level goals 	

Table 3: Risk and Protective Factors

Evaluation Question 3: To what extent have targeted risk and protective factors for SV outcomes changed at the state level?

Environmental Changes: Modifications/transformations to the physical environment that are defined as a risk or protective factor for SV.

Community Changes: New developments, modifications or transformations to community processes, structures, systems or social norms that are defined as a risk or protective factor for SV.

Work Plan Goal 4: Create environmental and community changes that result from selected community-level strategies and

Work Plan Goal 5: Demonstrate changes in selected risk and protective factors

Outcome Examined (Recipients should add specific risk and protective factors from state LM)	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increase percentage of community/societal-level approaches implemented	Prevention Strategy reported at APR	<ul style="list-style-type: none"> • SD RPE work plan • Implementation tracking form 		<ul style="list-style-type: none"> • # and types of prevention programs, policies and practices (i.e., approaches) implemented • *Proportion of budget allocated to individual/relationship vs. community/societal-level approaches • * # of implemented community/societal-level approaches • # and % strategies in the annual work plan focused at the community level 	
Demonstrate tracking of state-level SV indicators and outcomes	Evaluation (Starting Year 2)	<ul style="list-style-type: none"> • Indicator tracking form • Annual EAM SV Data Report • SD DOH OCFS needs assessment 	Documented review of indicator tracking form, outcomes, and implementation decisions made by SV Data Surveillance and Evaluation Committee		<ul style="list-style-type: none"> • Tracking of SV indicator data is new • SD DOH OCFS state-wide needs assessment being conducted could lead to new data sources
Improve perceptions of community support, access to resources, and	Evaluation (Starting Year 2)	<ul style="list-style-type: none"> • Campus Climate Survey • Campus Safety and Security Data 		<ul style="list-style-type: none"> • #, % college students who agree that the institution is safe and secure 	

safety (community protective factor)		<ul style="list-style-type: none"> • SD Youth Risk Behavior Survey (YRBS) • Annual EAM SV Data Report • Map of survivor services 		<ul style="list-style-type: none"> • #, % students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to and from school • Locations and types of survivor services in SD 	
Reduce peer victimization and related forms of violence (community risk factor)	Evaluation (Starting Year 2)	<ul style="list-style-type: none"> • SD YRBS • Clery Crime Data, SD Board of Regents • FBI Uniform Crime Reporting Program • Annual EAM SV Data Report 		<ul style="list-style-type: none"> • #, % students in SD who had ever been electronically bullied during the past 12 months • Trends in incidence of dating violence on SD college campuses • % aggravated assaults that are domestic • Violent crime rates in SD 	<ul style="list-style-type: none"> • Clery Crime Data only includes the number of dating violence incidents (not rates) on SD university campuses • Currently, there is no state-level data available on domestic simple assaults • Explore availability of state-level domestic/dating violence and SV data through the SD DPS Crime Victims, the Network, and the SD Coalition Ending Domestic and Sexual Violence (SDCEDSV) as well as tribal level data availability via Sacred Circle
Increase understanding of consent (protective factor)		Common Measures Tool		#, % SV prevention program participants able to identify consent	<ul style="list-style-type: none"> • When consent is given • When consent is not given • When consent cannot be given
Improve attitudes towards SV (risk & protective factors)	Evaluation (Starting Year 2)	Common Measures Tool		<ul style="list-style-type: none"> • #, % rape myths acceptance among SV prevention program participants (risk factor) • #, % of SV prevention program participants with empathy for SV victims (protective factor) 	
Increase in upstander efficacy and behavioral intent (protective factor)	Evaluation (Starting Year 2)	Common Measures Tool		<ul style="list-style-type: none"> • #, % participants of prevention programs with upstander content with upstander self-efficacy to prevent SV • #, % participants of prevention programs with upstander content with 	

				intention to intervene to prevent SV	
--	--	--	--	--------------------------------------	--

ii. Implementation (Table 4)

Table 4: Implementation Table					
<i>This table tracks information on process and implementation which will be reported to CDC as part of the process evaluation</i>					
Evaluation Question 4: To what extent have selected prevention strategies been implemented in the state?					
Tracks information on process and implementation which will be reported as part of the process evaluation and aligns with the RPE logic model item: Identify tracking of state-level SV indicators					
Implementation/ Process element	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Reach	Prevention Strategy APR	<ul style="list-style-type: none"> • Outreach tracking form • Implementation tracking form 	Documentation of recruitment strategies that resulted in increased reach	<ul style="list-style-type: none"> • # of individuals, organizations, or communities reached • Demographic characteristics of individuals, organizations, or communities reached 	<ul style="list-style-type: none"> • Geographic areas (e.g., county) • Race/ethnicity • Tribal organizations/schools • Trends in participation over time
Dose	Prevention Strategy APR	<ul style="list-style-type: none"> • Implementation tracking form • Map of SV survivor services • Map of SV prevention programming 		<ul style="list-style-type: none"> • # of sessions for a program delivered • # of implementation cycles • # of school areas with increased adult monitoring based on hot spot mapping • # and type of survivor services by county • # and type of SV prevention programs implemented by county 	<ul style="list-style-type: none"> • Inclement weather may lead to frequent school delays and closings, especially during winter months, which may impact # of program sessions delivered
Adaptations	State Action Plan APR (starting in Year 2)	<ul style="list-style-type: none"> • Program records (meeting notes, agendas) • Implementation tracking form 	Documented adaptations (e.g., cultural adaptations) that resulted in effective implementation	<ul style="list-style-type: none"> • # of adaptations 	<ul style="list-style-type: none"> • Document review of program curricula to ensure cultural alignment with local tribes, and if not, changes made to culturally align content to local culture and context • Goal is to improve availability & implementation of cultural aligned, evidence-based SV prevention programs for Native Americans

iii. Contextual Factors (Table 5)

Table 5: Contextual Factors Table <i>This table identifies factors affecting the implementation, ability to implement and uptake (critical factors) that will be reported as part of the process evaluation</i>			
Evaluation Question 5: Which factors are critical for implementing selected prevention strategies and approached?			
Critical Factors for Implementation: <i>Actions, structures, processes, relationships and systems that influence the extent to which a selected prevention strategy can be initiated and continued over time. Critical factors may include but are not limited to facilitators and barriers.</i>			
Factors	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Considerations
Nine sovereign tribal nations in SD with unique cultures and contexts (contextual)	Report at APR	<ul style="list-style-type: none"> • Program records (meeting notes, agendas) • Monthly SD RPE workgroup calls • TA calls • Implementation tracking form • SD DOH OCFS needs assessment 	<ul style="list-style-type: none"> • Unique laws and regulations governing each tribe • Jurisdictional complexities • Lack of law enforcement • Tribal approval required prior to implementing SV prevention programs, policies, and strategies • Competing needs/priorities • Cultural/contextual suitability of curriculum and evaluation tools and methods
Higher rates of SV and other forms of victimization among Native girls/women (contextual)	Report at APR	<ul style="list-style-type: none"> • FBI Uniform Crime Reporting Program • Annual EAM SV Data Report 	<ul style="list-style-type: none"> • Revised definition of rape • Underreporting of SV

iv. Alignment (Tables 6-7)

Table 6: Alignment Table: Prevention Strategies Evaluation Question 6: To what extent are subrecipient activities aligned with state-level goals and outcomes stated in the state action plan and recipient work plan?	
<i>State and local alignment; recipient and subrecipient alignment: The extent to which RPE-funded subrecipient activities (prevention strategies) are explicitly linked to state-level goals and outcomes in the state action plan, work plan, evaluation plan, and logic model</i>	
Work Plan Goal 5: Demonstrate changes in selected risk and protective factors	
Risk and Protective Factor Outcomes	Prevention Strategies Selected to Impact Outcomes
Improve perceptions of community support, access to resources, and safety	<ul style="list-style-type: none"> • Green Dot • Shifting Boundaries
Increase understanding of consent	<ul style="list-style-type: none"> • Shifting Boundaries • Green Dot
Improve attitudes toward SV	<ul style="list-style-type: none"> • Green Dot • Shifting Boundaries
Increase in upstander efficacy and behavioral intent	<ul style="list-style-type: none"> • Green Dot
Reduce peer victimization and related forms of violence	<ul style="list-style-type: none"> • Green Dot • Shifting Boundaries

Table 7: Alignment Table: Technical Assistance and Coalition Building Evaluation Question 6: To what extent are subrecipient activities aligned with state-level goals and outcomes stated in the state action plan and recipient work plan?	
<i>State and local alignment; recipient and subrecipient alignment: The extent to which RPE-funded subrecipient activities (prevention strategies) are explicitly linked to state-level goals and outcomes in the state action plan, work plan, evaluation plan, and logic model</i>	
Outcomes	Technical Assistance and Coalition Building Strategies
Increase capacity from partnerships to access and use data and leverage support	<ul style="list-style-type: none"> • Development and training on outreach and program implementation tracking tools • Data use/sharing agreements • Annual/quarterly technical assistance calls to determine effectiveness of recruitment strategies, implementation successes and challenges, perceived impact, progress toward community/societal-level goals, and support needed
Increase number of organizational and tribal partners	<ul style="list-style-type: none"> • Partner funding • SV Planning and Prevention Committee
Increase engagement with organizational and tribal partners	<ul style="list-style-type: none"> • Partner engagement survey

<p>Increase mobilization of partnerships to implement community/societal-level strategies</p>	<ul style="list-style-type: none"> • Reviewing and advising workplace SV policy changes • Training to partners for SV prevention programs (Green Dot, Shifting Boundaries, & Enough Abuse Campaign)
<p>Increase community/ institutional commitment to address SV</p>	<p>MOU/Commitment Form</p>

Data Management Plan

Description of Data Generated in the Evaluation of the SD RPE Program

Data generated through program evaluation will include both qualitative (e.g., meeting notes, and open-ended survey questions) and quantitative (e.g., survey question responses, numbers of interventions, numbers of partners) data. The evaluation of program outcomes uses existing and publicly available datasets (e.g., data from the FBI Uniform Crime Reporting Program, SD Board of Regents, and Youth Risk Behavior Survey). The evaluation data generated is used for program improvement, with no relevance outside the context of this evaluation setting. Therefore, the anticipated secondary use of data is quite limited.

Access to Data

All evaluation data will be managed by the SD RPE program director and the PHEC. PHEC will be responsible for managing the data collected via the Common Measures Tool, partner survey, and tracking forms (i.e., implementation tracking form, outreach tracking form, indicator tracking form), while also providing training, oversight, and on-site technical assistance to key partners and program delivery staff, who will be responsible for entering outreach and program implementation data. The SD RPE program director will be responsible for managing program records data (i.e., meeting notes, agendas, rosters, subrecipient scoring rubric).

Data will be housed on secured network drives (e.g., SDSU's network drive) and cloud-based servers. All drives and servers used implement authentication via usernames and passwords to validate the identity of users that log into the system. Only assigned SDSU PHEC staff and the SD RPE director will have access to these files.

Archiving Data for Public Use and Timeframe

Data generated, if any, in the evaluation efforts outlined in this plan that could potentially have a secondary use will be made freely available through SDSU's data repository, Open Prairie. Program data deemed to have no external value, such as notes from technical assistance calls, meeting minutes, project reports, or program rosters, will not be included. Entirely de-identified program data could be made publicly available upon request to the SD RPE Program Coordinator. All data will be stored with no identifying information; thus, no risk of confidentiality or ethical concerns exist. Data fitting this description will be made available within one year of the completion of the evaluation effort generating the specified data. The evaluation team, in partnership with the SD RPE Program Coordinator, will be responsible to ensure that the data is made available in the repository.

Continuous Quality Improvement

The SD RPE evaluation will utilize the Plan-Do-Act method for continuous quality improvement, in which the Sexual Violence Data Surveillance and Evaluation Committee (with input from partners, subrecipients, and stakeholders) will develop, test, and implement improvement efforts.

Process evaluation will be used to describe how data is used to target populations and approaches, examine how strategies targeting community-level changes are applied, and identify facilitators and barriers to project implementation, allowing for rapid adjustments to support program success. Outcome evaluation will center on performance measures outlined in the funding opportunity and work plan, as well as the indicators selected.

On an annual basis, the Sexual Violence Data Surveillance and Evaluation Committee review evaluation data to determine what quality improvement efforts are needed, strategies to achieve these goals, and monitor the progress and impacts of these efforts. This information will be tracked in a formal action plan developed to address evaluation recommendations. In order to address stakeholder interests and contextual factors, additional quality improvement questions will be added throughout the five-year period, as feasible.

A full written report featuring evaluation outcomes will be disseminated to stakeholders and CDC annually after the conclusion of each budget period. Mid-term reports will be produced as needed around topical areas identified by program staff, such as partner satisfaction with collaboration, reach of SD RPE-funded sexual violence prevention programs, or sexual violence prevention program-specific outcomes. Additionally, plans for disseminating evaluation findings will be articulated in a dissemination plan.

Section VI: Evaluation Team and Timeline

Evaluation (Table 8)

Individual/ Organization/Committee	Title or Role	Contracted or In-house	General Responsibilities
Jennifer Kerkvliet	Evaluation Director	Contracted	Primary point of contact, oversee Evaluation Specialist
Tracey McMahon	Evaluation Specialist	Contracted	Develop and maintain tracking tools, Common Measure Tool, and partner engagement survey; compile and report state-level sexual violence data; analyze program/partner data and disseminate findings to stakeholders
Taylor Pfeifle	SD RPE Program Director	In-house	Oversee selection of subrecipients and programming, practices, and policy decision-making; review evaluation data to determine quality improvement efforts and monitor progress and impacts of these efforts
Ashley Dwyer	Monitoring and evaluation	Contracted	Regular tracking and reporting of program activities, implementation, and outcomes/impacts of the SD RPE at the program, organization/tribal, county, and state levels
Sexual Violence Data Surveillance and Evaluation Committee	Monitoring and evaluation	Combination of contracted & in-house	Regular review of program activities tracking, implementation, and outcomes/impacts of the SD RPE at the program, organization/tribal, county, and state levels
Sexual Violence Prevention Planning Committee	Advisory	Combination of contracted & in-house	Advise SV prevention program selection, targeting locations/populations, partnership development and mobilization, and progress toward SV goals
Tribal Advisory Group	Advisory	TBD	Advise cultural alignment of SV prevention programming and evaluation tools/methods, guide the development and sustainability of tribal partnerships, and provide expertise on policies and strategies to reduce SV in Native communities in SD

Timeline (Table 9)

Evaluation Activities/Tasks	Resources Needed	Stakeholders Involvement	Persons Responsible	Timeline/Due Dates
Revise and submit state logic model		Data Surveillance and Evaluation Committee	<ul style="list-style-type: none"> • Emily Johnson • Tracey McMahan • Jennifer Kerkvliet 	Year 1: Due May 2, 2019
Finalize indicator selection for program monitoring	SV Indicator Database	Data Surveillance and Evaluation Committee	<ul style="list-style-type: none"> • Emily Johnson • Tracey McMahan • Callie Molengraaf • Jennifer Kerkvliet 	Year 1: May-June 2019
Submit: <ul style="list-style-type: none"> • Current logic model • Draft State Evaluation Plan 		Program coordinator and evaluation team	<ul style="list-style-type: none"> • Emily Johnson • Tracey McMahan • Jennifer Kerkvliet 	Year 1: Due June 1, 2019
Develop and finalize SD RPE activities tracking forms and Common Measures Tool		Program coordinator and evaluation team	<ul style="list-style-type: none"> • Emily Johnson • Ashley Dwyer • Tracey McMahan • Jennifer Kerkvliet 	Year 1: May-September 2019
Submit: <ul style="list-style-type: none"> • Current logic model • Revised State Evaluation Plan • July Action Memo with “Recipient Action” section completed • DVP Partners Portal report 	<ul style="list-style-type: none"> • State Action Plan • Data use/sharing agreements • MOU/Commitment Forms • Program records (meeting notes, agendas, subrecipient selection criteria, etc.) • Annual EAM SV Data Report • Indicator tracking data • Activities tracking data • Common Measures Tool data • Notes from TA calls 	<ul style="list-style-type: none"> • Program coordinator • Evaluation team 	<ul style="list-style-type: none"> • Emily Johnson • Taylor Pfeifle • Ashley Dwyer • Tracey McMahan • Jennifer Kerkvliet 	Year 1: Due October 18, 2019
CDC continuation application and Annual Performance Report (APR)	<ul style="list-style-type: none"> • Data use/sharing agreements • MOU/Commitment Forms • Program records (meeting notes, agendas, subrecipient selection criteria, etc.) • Annual EAM SV Data Report • Indicator tracking data • Activities tracking data • Map of SV survivor services • Map of SV prevention programming • Common Measures Tool data 	<ul style="list-style-type: none"> • Program coordinator • Evaluation team • Tribal Advisory group 	<ul style="list-style-type: none"> • Emily Johnson • Taylor Pfeifle • Ashley Dwyer • Tracey McMahan 	Year 1-Year 5: Annually

	<ul style="list-style-type: none"> • Notes from TA calls 			
Annual State Evaluation Plan		Program coordinator and evaluation team	<ul style="list-style-type: none"> • Emily Johnson • Taylor Pfeifle • Tracey McMahon • Jennifer Kerkvliet 	Year 1-Year 5: Annually
Evaluation Brief	<ul style="list-style-type: none"> • Indicator tracking data • Activities tracking data • Common Measures Tool responses • Notes from TA calls 	Evaluation team	<ul style="list-style-type: none"> • Tracey McMahon • Jennifer Kerkvliet 	Year 1-Year 5: Quarterly/as requested
Evaluation Report	<ul style="list-style-type: none"> • Data use/sharing agreements • MOU/Commitment Forms • Program records (meeting notes, agendas, etc.) • Annual EAM SV Data Report • Indicator tracking data • Activities tracking data • Map of SV survivor services • Map of SV prevention programming • Common Measures Tool responses • Notes from TA calls • Partnership Satisfaction Survey data 	<ul style="list-style-type: none"> • Program coordinator • Evaluation team • Tribal Advisory group 	<ul style="list-style-type: none"> • Emily Johnson • Taylor Pfeifle • Ashley Dwyer • Tracey McMahon • Jennifer Kerkvliet 	Year 1-Year 5: Annually

References

- Amnesty International. (2007). *Maze of injustice: The failure to protect Indigenous women from sexual violence in the USA*. Retrieved from <https://www.amnestyusa.org/pdfs/mazeofinjustice.pdf>
- Bachman, R., Zaykowski, H., Kallmyer, R., Poteyeva, M., & Lanier, C. (2008). *Violence against American Indian and Alaska Native women and the criminal justice response: What is known*. Washington, DC: U.S. Department of Justice Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>
- Centers for Disease Control and Prevention. (April, 2019). *Outcome indicator selection guidance*. CE19-1902: Rape Prevention and Education: Using the best available evidence for sexual violence prevention. National Center for Injury Prevention and Control.
- Coker, A. L., Fisher, B. S., Bush, H. M., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S. (2015). Evaluation of the Green Dot bystander intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women, 21*(12), 1507-1527. doi:10.1177/1077801214545284
- Ethel Austin Martin Program. (2019). *Summary of sexual violence data for South Dakota*. Data Report. Brookings, SD: South Dakota State University
- Futures Without Violence. (2017). The facts on violence against American Indian/Alaska Native women. Retrieved from <https://www.futureswithoutviolence.org/the-facts-on-violence-against-native-americanalaska-native-women>
- GPTEC. (2019). Great Plains Tribal Epidemiology Center. Retrieved from <https://tribalepicenters.org/great-plains-tribal-epidemiology-center/>
- Grogan, M., Morse, R., & Youpee-Roll, A. (2011). *Native American lands and natural resource development*. New York, NY: Revenue Watch Institute Retrieved from https://resourcegovernance.org/sites/default/files/RWI_Native_American_Lands_2011.pdf
- Indian Law Resource Center. (2019). Ending violence against Native women. Retrieved from <https://perma.cc/E77D-7YV5>
- James, R. D., McGlone West, K., & Madrid, T. M. (2013). Launching Native health leaders: Reducing mistrust of research through student peer mentorship. *American Journal of Public Health, 103*(12), 2215-2219. doi:10.2105/AJPH.2013.301314
- Lee, T. (2015). No man's land: The last tribes of the Plains. *The geography of poverty*. Retrieved from <http://www.msnbc.com/interactives/geography-of-poverty/nw.html>
- Loya, R. M. (2014). The role of sexual violence in creating and maintaining economic insecurity among asset-poor women of color. *Violence Against Women, 20*(11), 1299-1320. doi:10.1177/1077801214552912
- Lynch, S. N. (2017). Crime data in Native American tribal lands 'virtually useless': Watchdog. *Reuters*. Retrieved from <https://www.reuters.com/article/us-usa-indian-crime/crime-data-in-native-american-tribal-lands-virtually-useless-watchdog-idUSKBN1E82M5>
- National Climatic Data Center. (n.d.). *Climate of South Dakota*. Asheville, NC: National Oceanic and Atmospheric Administration, National Center for Environmental Information
- National Congress of American Indians. (2018). *Research policy update: Violence against American Indian and Alaska Native women*. Washington, DC: NCAI Policy Research Center Retrieved from http://www.ncai.org/policy-research-center/research-data/prc-publications/VAWA_Data_Brief_FINAL_2_1_2018.pdf
- National Rural Health Association. (2019). About rural health care. Retrieved from <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>
- Painter-Thorne, S. D. (2011). Tangled up in knots: How continued federal jurisdiction over sexual predators on Indian reservations hobbles effective law enforcement to the detriment of Indian women. *New Mexico Law Review, 41*(7), 239-293. Retrieved from <https://digitalrepository.unm.edu/nmlr/vol41/iss1/7>
- Pariona, A. (2019). Average income by race and gender - USA. Retrieved from <https://www.worldatlas.com/articles/income-inequality-by-race-and-gender-in-the-u-s.html>
- Pfankuch, B. (2019). Police agencies in South Dakota struggle to recruit, retain officers. *Argus Leader*. Retrieved from <https://www.argusleader.com/story/news/crime/2019/04/14/police-agencies-south-dakota-struggle-recruit-retain-officers/3465808002/>

- Prothrow-Stith, D., & Davis, R. A. (2010). A public health approach to preventing violence. In L. Cohen, V. Chavez, & S. Chehimi (Eds.), *Prevention is primary: Strategies for community well-being* (2nd ed., pp. 323-250). San Francisco, CA: Jossey-Bass.
- Rick, L. T. (2010). Rape on the reservation: Criminal convictions tough to come by in Indian Country. *Rapid City Journal*. Retrieved from https://rapidcityjournal.com/news/rape-on-the-reservation-criminal-convictions-tough-to-come-by/article_c77c315e-e60a-11df-80d0-001cc4c002e0.html
- Rosay, A. B. (2016). *Violence against American Indian and Alaska Native women and men: 2010 findings from the National Intimate Partner and Sexual Violence Survey*. Washington, DC: U.S. Department of Justice Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>
- Rural Health Information Hub. (2018). Health and healthcare in frontier areas. Retrieved from <https://www.ruralhealthinfo.org/topics/frontier>
- Schober, D. J., Fawcett, S. B., & Bernier, J. (2012). The Enough Abuse Campaign: Building the movement to prevent child sexual abuse in Massachusetts. *Journal of Child Sexual Abuse, 21*(4), 456-469. doi:10.1080/10538712.2012.675423
- SDCEDSV. (2019). SDCEDSV Board of Directors & supporting organizational programs. Retrieved from <https://www.sdcedsv.org/aboutus/sdcedsvmemberprograms/>
- South Dakota Department of Health. (2016). *2010-2015 primary care needs assessment*. Retrieved from <https://doh.sd.gov/documents/providers/ruralhealth/2014-15PrimaryCareAssessment.pdf>
- South Dakota Department of Tribal Relations. (n.d.). *Initiatives*. Pierre, SD: South Dakota Department of Tribal Relations Retrieved from <http://www.sdtribalrelations.com/initiatives.aspx>
- Sutter, J. D. (2014). List: States where rape is most common. Retrieved from <https://www.cnn.com/2014/02/03/opinion/sutter-alaska-rape-list/index.html>
- Swaner, R. (2015). *Nawicakiciji - Woasniye - Oaye Waste: A process evaluation of the Rosebud Sioux Tribe's Defending Childhood Initiative*. U.S. Department of Justice, Center for Court Innovation Retrieved from <https://www.courtinnovation.org/sites/default/files/documents/Rosebuds.pdf>
- Taylor, B. G., Mumford, E. A., & Stein, N. D. (2015). Effectiveness of "Shifting Boundaries" teen dating violence prevention program for subgroups of middle school students. *The Journal Of Adolescent Health: Official Publication Of The Society For Adolescent Medicine, 56*(2 Suppl 2), S20-S26. doi:10.1016/j.jadohealth.2014.07.004
- Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence & Abuse, 14*(2), 133-167. doi:10.1177/1524838012470031
- U.S. Census Bureau. (2010). *State area measurements and internal point coordinates*. Retrieved from <https://www.census.gov/geographies/reference-files/2010/geo/state-area.html>
- U.S. Census Bureau. (2018). *QuickFacts; South Dakota; United States*. Washington, DC: U.S. Census Bureau, Population Estimates
- U.S. Indigenous Data Sovereignty Network. (2019). *About us*. University of Arizona, Native Nations Institute. Retrieved from <https://usindigenousdata.arizona.edu/about-us-0>